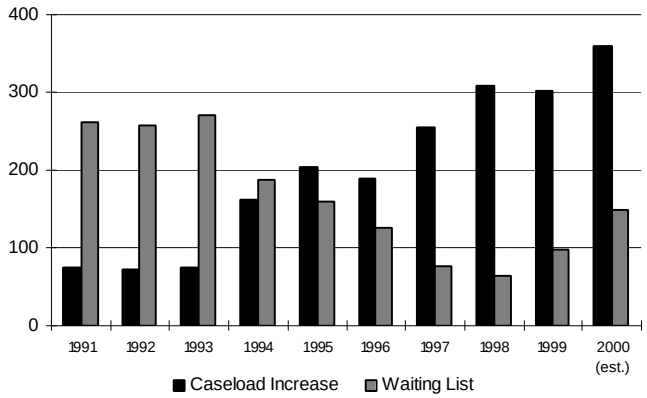
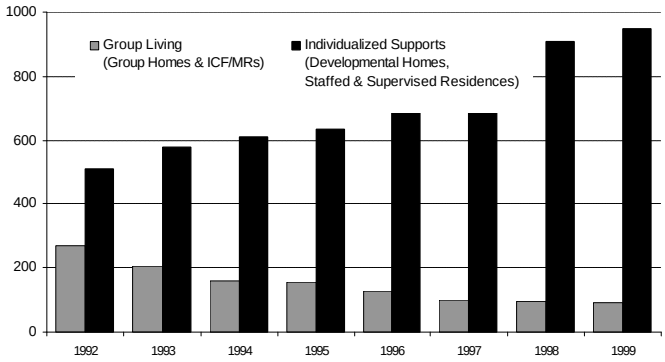
Comparison of Caseload Increases
and People on Waiting Lists

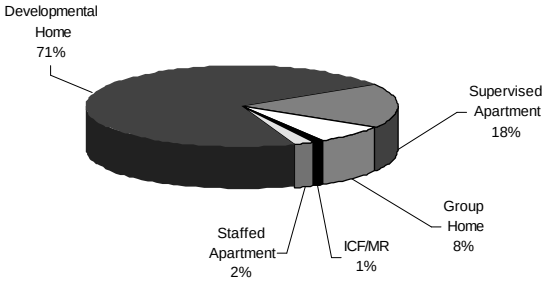


PART I
FOCUS ON OUTCOMES

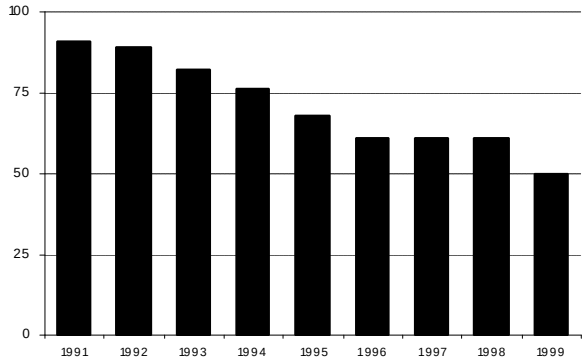
Residential Supports Over Time



Percent of People
Receiving Residential Supports
by Type of Setting



People with MR/DD
Residing in Nursing Facilities

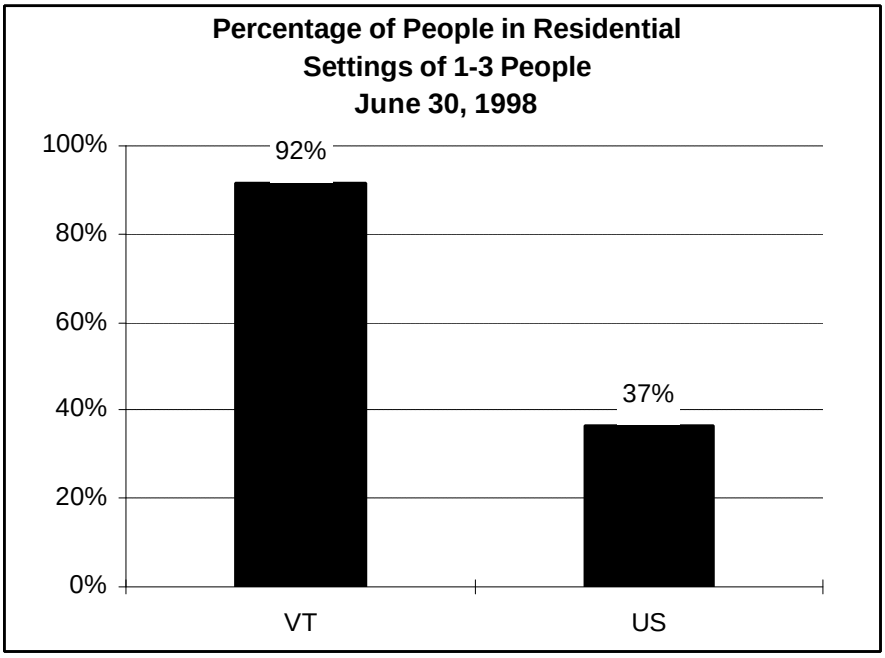


QUALITY & VALUE

Individuals and their families want to be supported in their own homes and in their own communities. Service providers in Vermont are working to respond to what people with disabilities and their families say they want and need. Vermont focuses on individualized, quality supports that are flexible, cost efficient and provide people with choices.

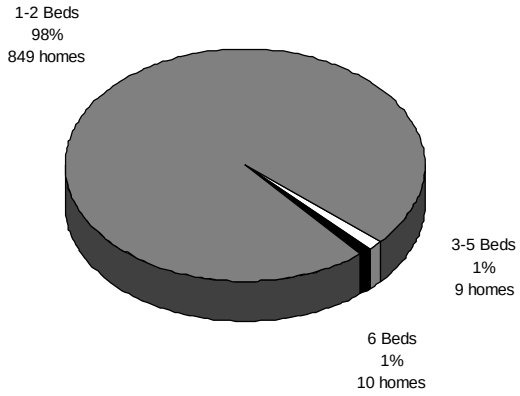
SUPPORTING INDIVIDUALS & FAMILIES

Vermont has increased in-home family support and individualized residential support options while decreasing more costly, congregate residential settings.

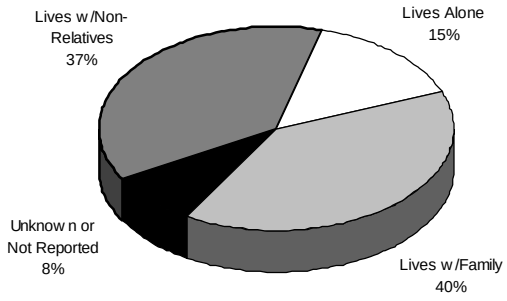


Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1998*. Institute on Community Integration/UAP, University of Minnesota, Report 52, May 1999.

NUMBER OF RESIDENCES BY SIZE OF RESIDENTIAL SETTING – FY 1999



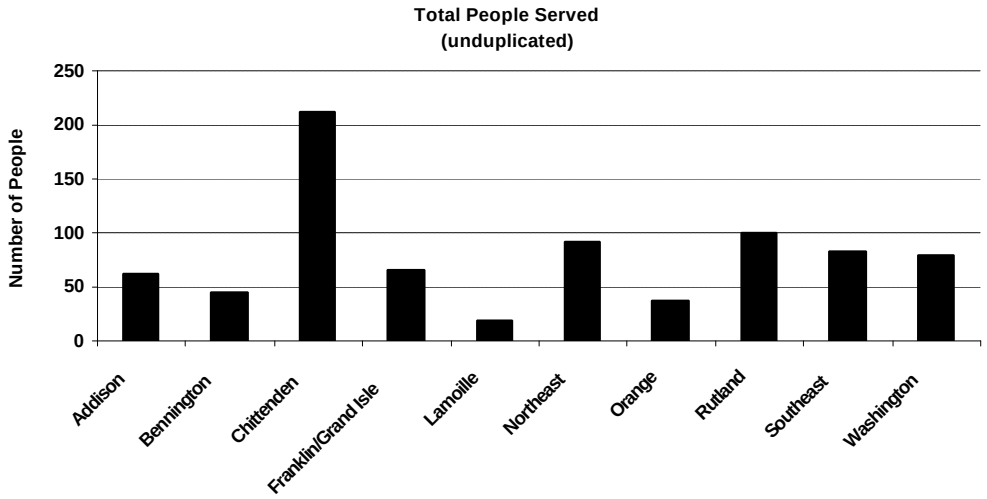
HOUSEHOLD COMPOSITION OF PEOPLE SERVED – FY 1999

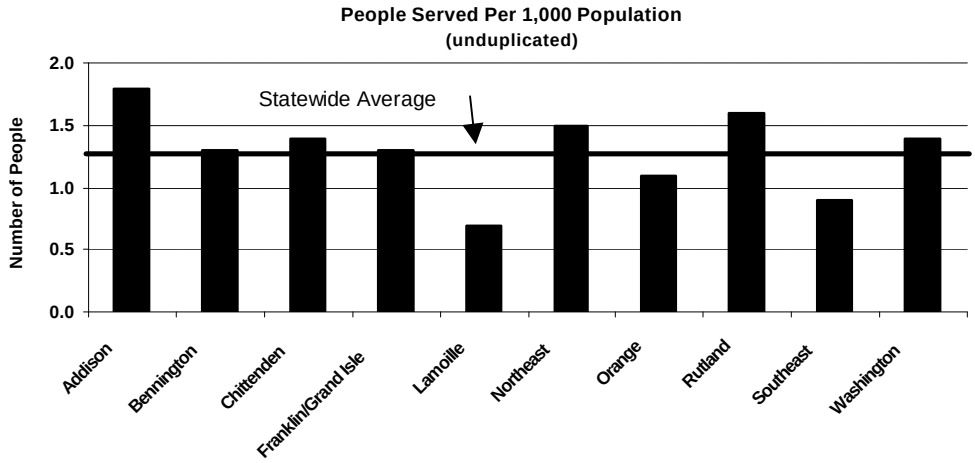


- **There are no large congregate settings for people with developmental disabilities funded by DDS. Vermont is one of only two states in the country that have 100% of the people funded by DDS living in residential placements with six or fewer consumers**[1].
- **The average number of people supported by developmental service providers per residential setting is 1.2. This is the lowest rate in the country compared with the national average of 3.3**[2] **and resulted in a #1 residential ranking by the National ARC.**

[1] Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1998.* Institute on Community Integration/UAP, University of Minnesota, Report 52, May 1999.
[2] Ibid.

PEOPLE RECEIVING FAMILY SUPPORT
(WAIVER HOME SUPPORT & FLEXIBLE FAMILY FUNDING)
FY 1999





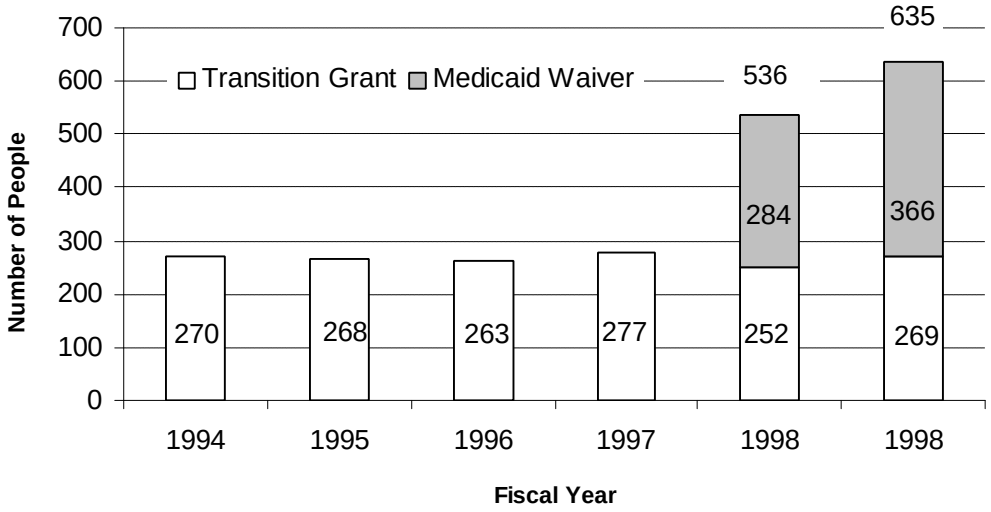
- **Family support services are provided statewide at an average rate of 1.3 people per thousand residents[3].**

- **The availability of family support services needs to be comparable throughout the state.**

Region/Agency	Total Population	Total People Served (unduplicated)	People Served Per 1,000 Population
Addison - CA - SCC	**35,848**	63 0	1.8
Bennington -UCS	**36,013**	45	1.3
Chittenden - HCS - CVS	**147,164**	193 19	1.4
Franklin/G.I. - LCCS	**50,387**	65	1.3
Lamoille - LCMH - SAS	**24,317**	17 1	0.7
Northeast - NEK	**59,197**	92	1.5
Orange - UVS	**33,736**	38	1.1
Rutland - CAP	**62,553**	100	1.6
Southeast - HCRS - LSI	**90,345**	80 3	0.9
Washington - CDS	**58,927**	80	1.4
Total	**598,688**	796	1.3

[3] Family support is defined as people receiving in-home/respite waiver supports and/or Flexible Family Funding. Population figures are projections based on 1998 estimates published by the Vermont Department of Health and the Center for Rural Studies at the University of Vermont.

PEOPLE WITH DEVELOPMENTAL DISABILITIES RECEIVING SUPPORTED EMPLOYMENT SERVICES TO WORK FY 1994 - FY 1999



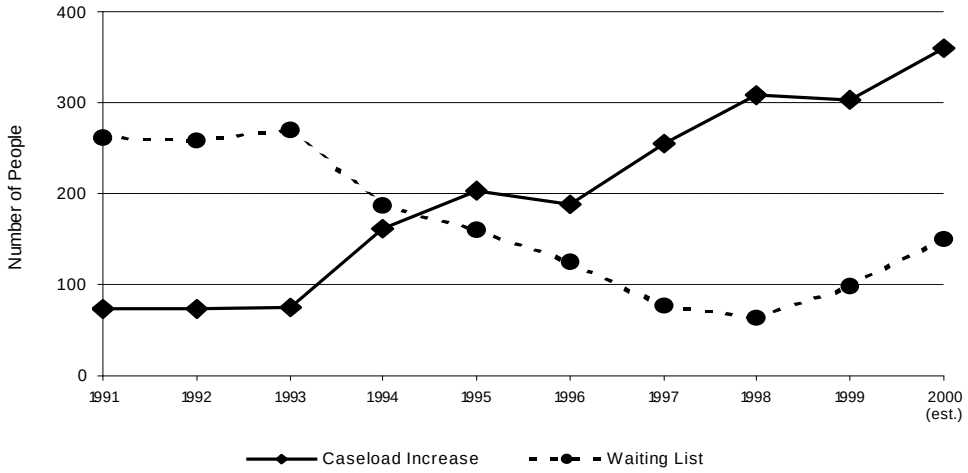
- **Until 1997, Federal law limited Medicaid waiver-funded supported employment to only those people who had previously lived in an institution and were now receiving waiver services. Starting in FY '98, all people served under the waiver who need work supports can receive supported employment services.**
- **This amendment dramatically increased opportunities for people with developmental disabilities to become employed. Prior to the change in Federal statute, the number of people served remained about the same due to level funding of the joint VR/DDS transition grants. In FY '99, service providers helped a total of 99 more people become employed. This was an increase of 18.5% over last year.**
- **In addition, there were only 64 people total in group (sheltered) employment (either facility or community-based). This is a decrease of 46% since last year.**
- **Vermont is ranked 4th nationally in the number of people with developmental disabilities who receive supported employment services to work per 100,000 of the state population[4].**

COMPARISON OF CASELOAD INCREASES

[4] Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

AND PEOPLE ON WAITING LISTS[5]

FY 1991 - FY 2000



- **In general, the more people served the lower the waiting list, and vice versa. However, changes in system restructuring introduced new funding priorities in FY '99, which was the first year designated agencies allocated new caseload funding[6]. The FY '99 caseload number includes people who received PDD funding.**

- **Waiting lists represent only those people who have requested services from a developmental service provider.**

- **Reasons for caseload increases[7] include: students graduating from special education, children aging-out of SRS, significant behavior/emotional/medical problems, avoiding nursing home placements, and avoiding out-of-home placements.**

COMMUNITY SERVICES ARE EFFECTIVE

[5] FY 2000 estimates are based on 7/99-12/99 caseload data and preliminary waiting list information. Higher waiting lists are anticipated due to a change in definition of who is waiting for services, (i.e., people who do not meet funding priorities), and therefore higher numbers of people waiting is not necessarily considered a negative reflection on the system.

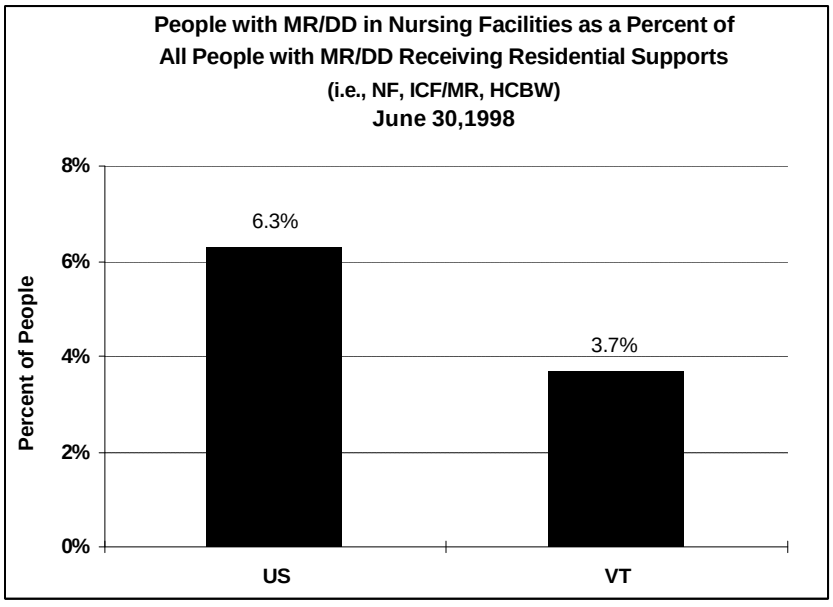
[6] Starting in FY '99, it is intended the service system will meet all critical needs through the System of Care Plan funding priorities. Therefore, the waiting list should reflect only people who do not meet the funding priorities.

[7] Caseload increases (new caseload funding) include people who may already be receiving services but whose needs changed significantly during the year. Caseload funding includes annual new legislative

***Statewide Crisis Intervention*: Ongoing use of the Vermont Crisis Intervention Network prevented a number of involuntary hospitalizations of people with developmental disabilities to the Vermont State Hospital in FY'99.**

***Nursing Facilities*: Pre-admission screening has resulted in a steady decline in the number of people with mental retardation/developmental disabilities in nursing facilities.**

***Correctional Facilities*: The Vermont prevalence rate for incarcerated offenders with MR/DD is less than 1%, significantly less than the national rate.**



Source: Prouty, R., and Lakin, C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 1998.* Institute on Community Integration/UAP, University of Minnesota, Report 52, May 1999.

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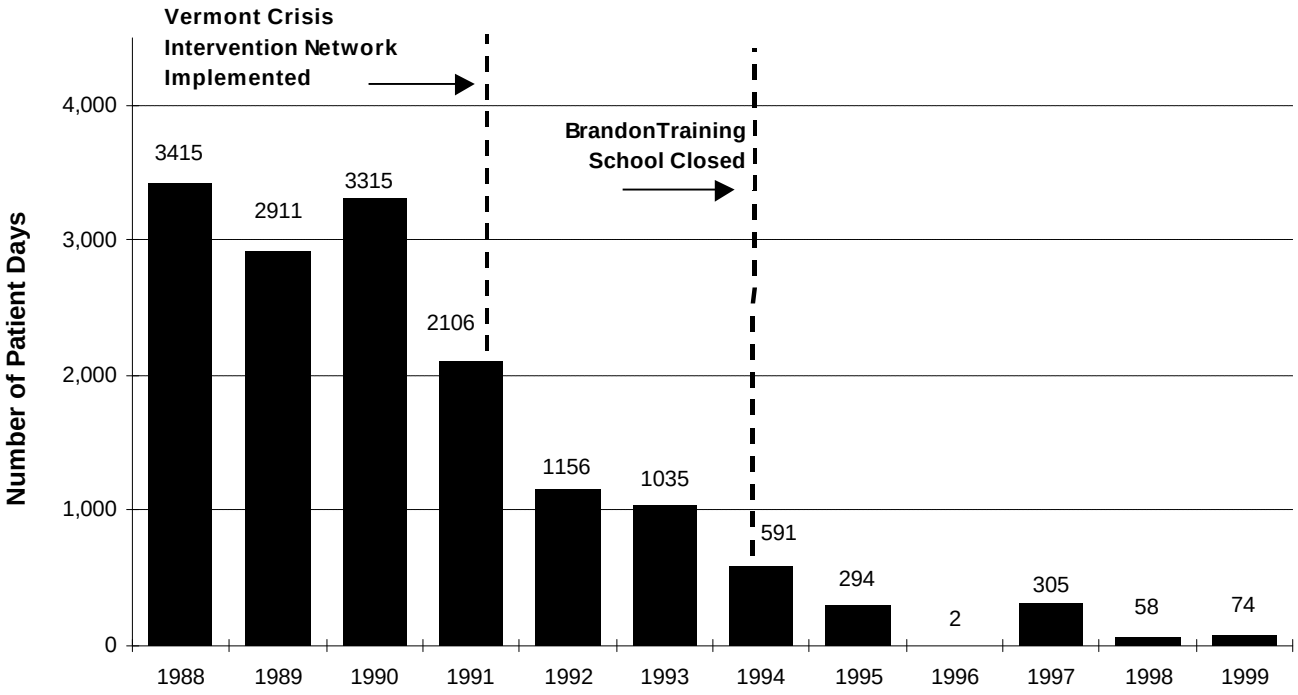
appropriations and funding from people who die or leave services.

VERMONT STATE HOSPITAL UTILIZATION
BY PEOPLE WITH MENTAL RETARDATION[8]
FY 1987 - FY 1999



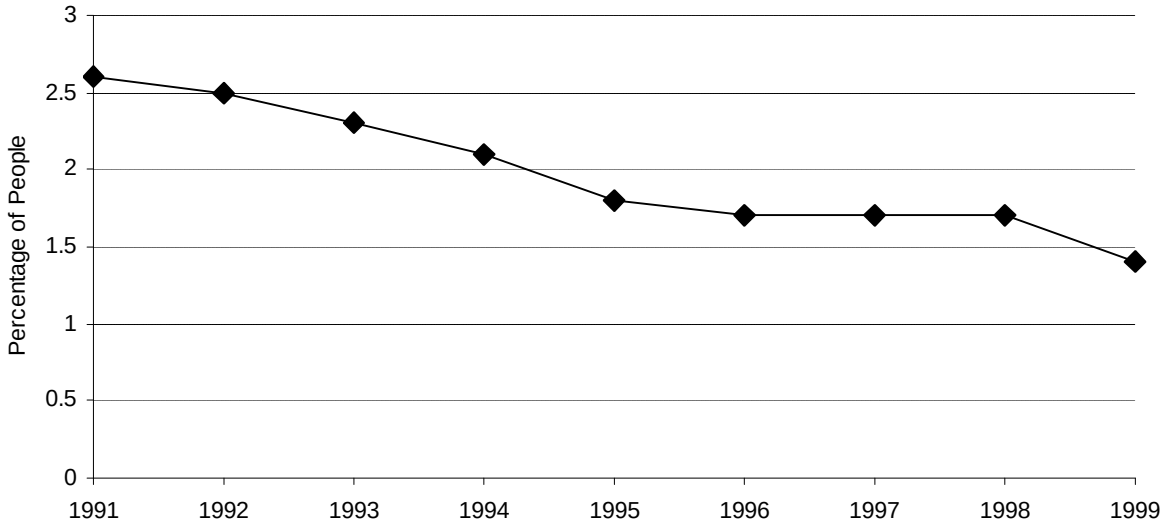
- **The inception of the Vermont Crisis Intervention Network (VCIN) in March 1991 greatly reduced utilization of the Vermont State Hospital by people with mental retardation.**

- **Local community resources were developed as part of the Brandon Training School closure efforts (FY '91 - FY '94). All ten DAs are required to have a local crisis capacity.**

- **In FY '99, the VCIN crisis bed was filled during each of the 74 days when the two individuals with developmental disabilities were at VSH.**

[8] These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental services. The definition of mental retardation was expanded to include people with Pervasive Developmental Disorders in FY'97. One person (130 day stay) was at VSH in FY'97 who was not known to DDS during her stay.

PEOPLE WITH MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES AS A PERCENTAGE OF ALL PEOPLE WHO RESIDE IN NURSING FACILITIES[9] 1990 - 1999

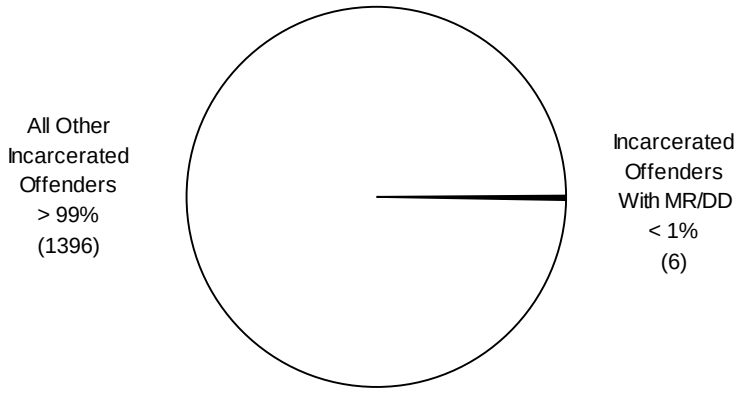


- **The number of people with MR/DD living in nursing facilities has been steadily declining during the years the Pre-admission Screening/Annual Resident Review (PASARR) program has been in effect, and reached an all-time low of 50 in 1999.**
- **The decrease in residents with MR/DD has been accomplished through a combination of diversions through pre-admission screening and placements to more individualized settings in the community.**
- **The national prevalence rate for people with developmental disabilities is estimated at 2.04% of the general population based on the federal definition of developmental disability[10]. The Vermont rate of occurrence for people with MR/DD living in nursing facilities was 1.4% in December 1999, well below the national average.**

[9] The federal law requires DDS to review and serve people in nursing facilities who meet the federal definition of mental retardation and related conditions who are otherwise not eligible for developmental services in Vermont.

[10] Based on studies of developmental disability population figures acceptable to the Administration on Developmental Disabilities (Gollay Study) 1978.

PERCENT OF INCARCERATED OFFENDERS WITH MR/DD IN VERMONT 1998



- **Estimates of the national prevalence rate for incarcerated offenders with mental retardation range between 4% and 10%[11]. Numbers from the September 1998 Vermont study found only six incarcerated offenders with MR/DD, well under 1% of the prison population[12]. This is a rate much closer to the national prevalence rate for people with mental retardation[13], which is estimated at 1.5%.**

- **These numbers show that the Vermont census of incarcerated offenders with MR/DD is considerably below the national average. One reason for the low incarceration rate is Act 248 which diverts people with developmental disabilities from Corrections who are a danger to others but who are not competent to stand trial. This group, court-ordered under the care and custody of the Commissioner of DDMHS, has numbered recently from six people in FY'95 to 13 people with 6 pending as of January 2000.**

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[11] Ellis and Luckasson, (Mentally Retarded Criminal Defendants), 53 G.W.L. Rev. 414, 426(1985). R. Luckasson, keynote speech, "And Justice For All" conference, Washington, D. C., June 1995.

[12] Data based on need assessments of low functioning incarcerated offenders conducted by the Department of Corrections, September 1998.

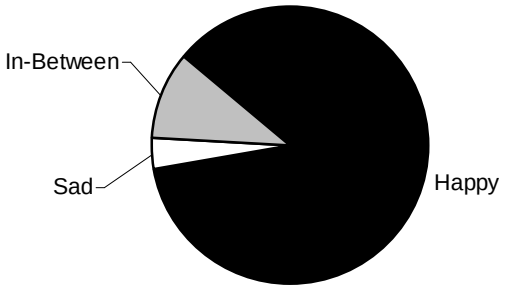
[13] "Mental retardation" is defined as significantly sub-average intellectual functioning, concurrent deficits in adaptive behavior and onset before age 18.

SATISFACTION WITH SERVICES

Consumer and family satisfaction is now being used as a tool for measuring quality.

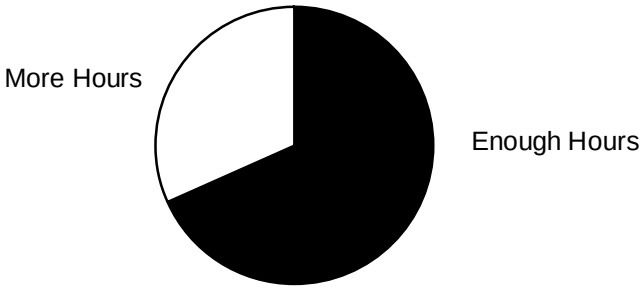
Adults who receive services report a high level of satisfaction with their jobs, but indicate they would like to work more hours.

86% Like Their Jobs



… HOWEVER,

32% Want to Work More Hours



CONSUMER SATISFACTION[14]

STATEWIDE RESULTS – 1999

Satisfaction Sub-Scales	1999	
	%	#
Residential	87%	201
Residential Autonomy	71%	185
Neighborhood	90%	175
Work	90%	89
Day Program	88%	127
Volunteer	87%	25
Social Support	80%	188
Community Services	82%	188
Activities	73%	150
Opportunities (learning skills)	68%	165
Guardian	73%	111
Rights	48%	169

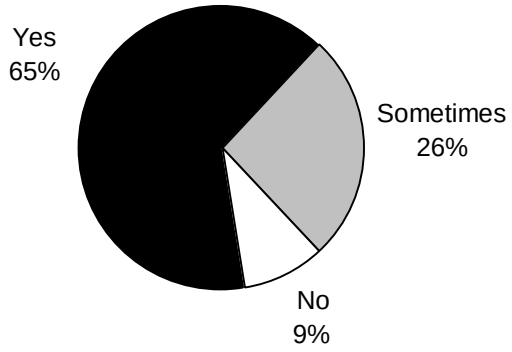
% = Numbers report average percent of positive responses (satisfaction) with the life events represented on these scales.
# = Numbers represent the number of adults who responded to these questions.

- **Consumer satisfaction scores are represented as the percentage of people indicating maximum satisfaction. The data here represent results from 200 respondents[15].**
- **Survey results show relatively high satisfaction overall, especially satisfaction in the areas of home, neighborhood, work, day and volunteer supports.**
- **Over the course of 4 years, a total of 877 adults receiving developmental services were interviewed. This means 69% of all adults served were interviewed and able to express their satisfaction. Twenty-four percent (24%) were not able to be interviewed or were unable to complete their interview[16].**

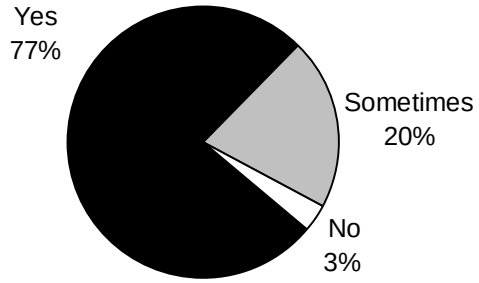
[14] The Division contracted with the University of Vermont in 1995, 1997, 1998 and 1999 to conduct independent consumer satisfaction surveys as part of the state's quality assurance process.
[15] Respondents were selected at random. Not all respondents answered all of the questions in their interviews. Percentages are based on the total number of consumers who responded to the questions.
[16] The rest of the people (7%) either refused to be interviewed or did not show up for their interview.

FAMILY SATISFACTION WITH DEVELOPMENTAL SERVICES STATEWIDE RESULTS – 1999

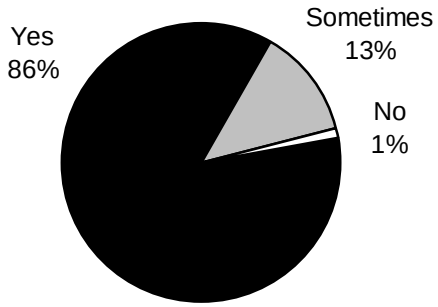
Overall Satisfaction



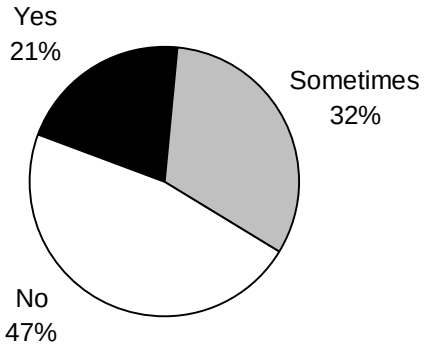
Staff Respect Your Choices & Opinions



Staff are Generally Courteous & Knowledgeable



Frequent Changes in Support Staff is a Problem



COST ANALYSIS

People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical or health condition.

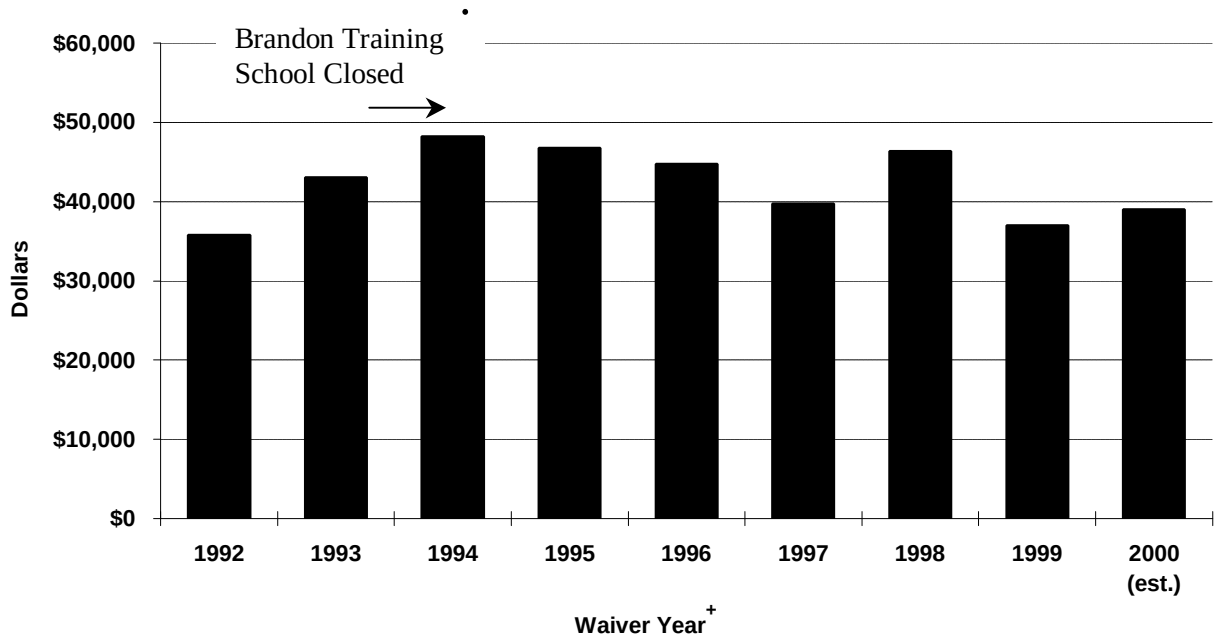
As a result, people with developmental disabilities need individualized services that are comprehensive, generally life long, and staff intensive.

Yet, state funds are limited.

To capitalize the resources available, DDS emphasizes cost effective models and maximization of federal funds.

AVERAGE WAIVER COST PER PERSON

1992 – 2000



- **Steady decline in per person costs between 1994 and 1997 is attributable to increasing the number of people served who receive less than 24-hours-a-day services.**

- **Increased use of contracted home providers and family support, and a decrease in the use of agency-paid staff, also contributed to a decline in costs per person between 1994 and 1997.**

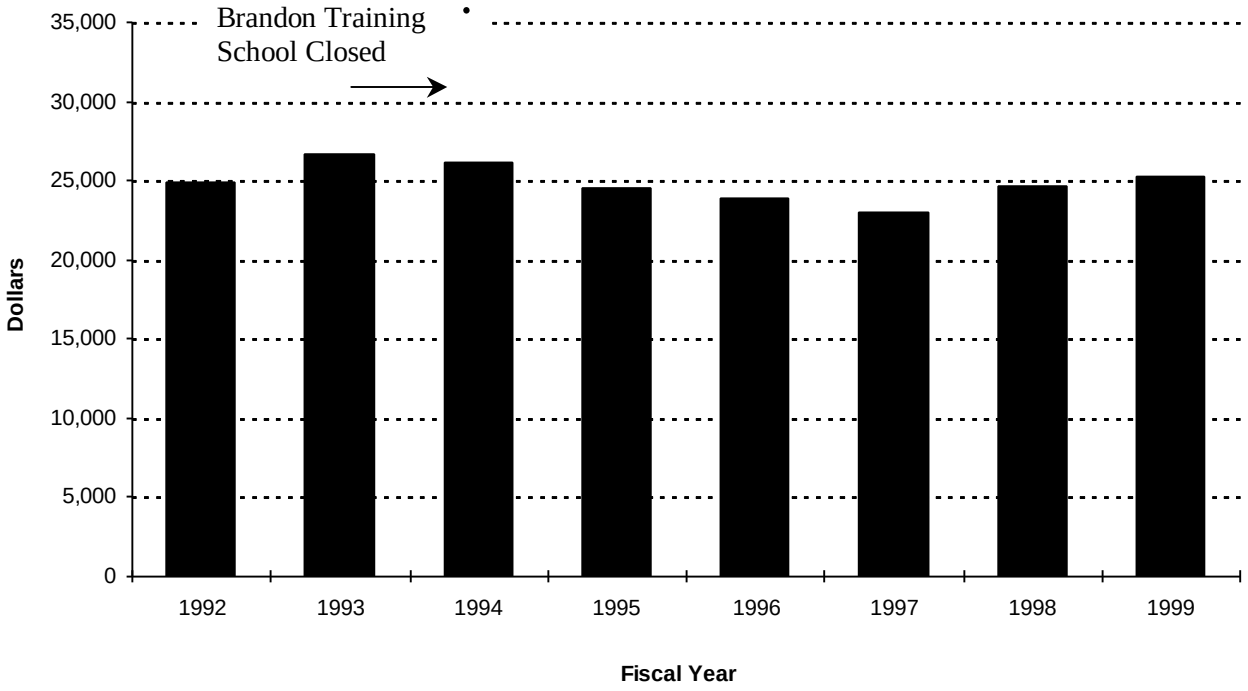
- **The waiver was expanded to encompass people needing services of lower cost previously served with case management or general fund dollars.**

+ Waiver years 1992 –1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period.

AVERAGE COST PER PERSON

ALL SERVICES

YEAR END: FY 1992 - FY 1999

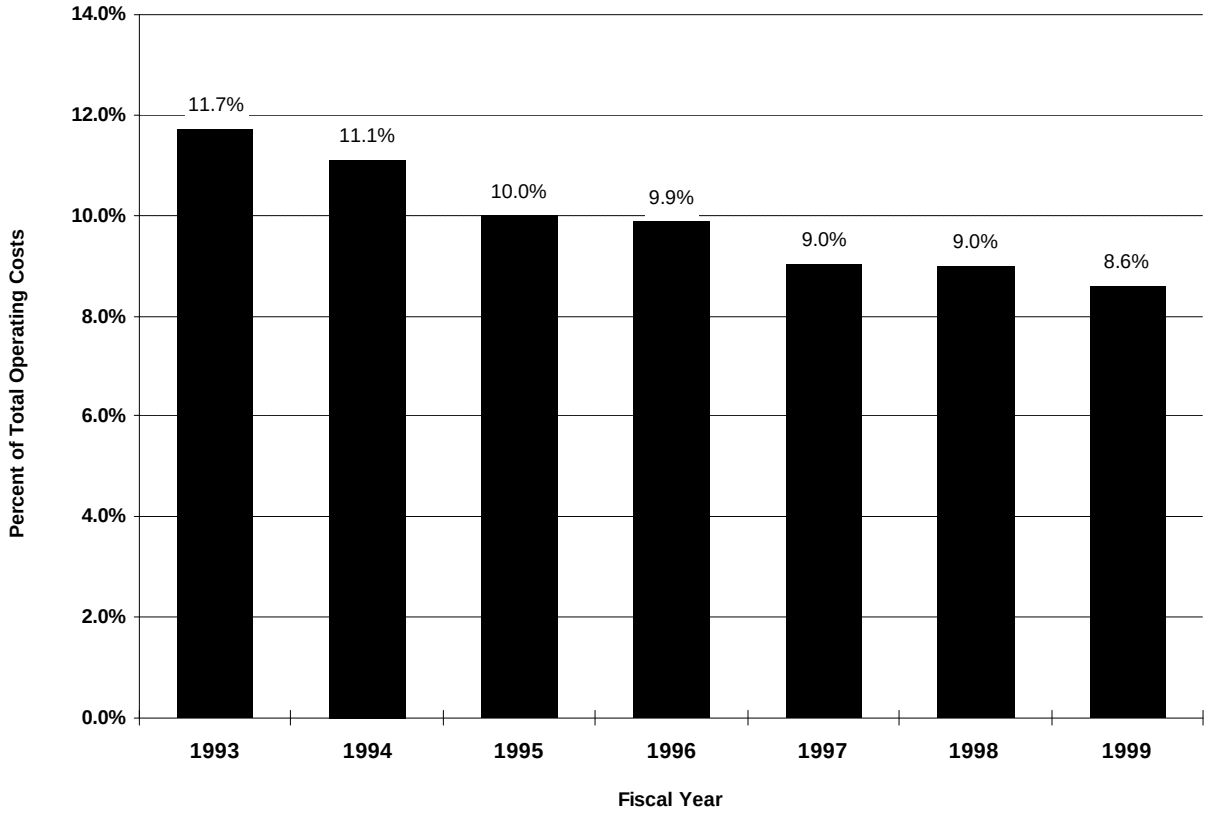


- **The average cost per person for all services has remained relatively constant for seven years.**

- **The number of individuals supported within their families increased. The cost per person for family support is typically lower than full residential and day services. The increasing number of individuals supported in this way contributed to the stability of the average cost per person.**

AGENCY TOTAL ADMINISTRATION COSTS[17]

FY 1993 - FY 1999



- **During the years FY'93 – FY'99, administrative costs <u>declined</u> steadily resulting in a 26% decrease in administrative costs.**

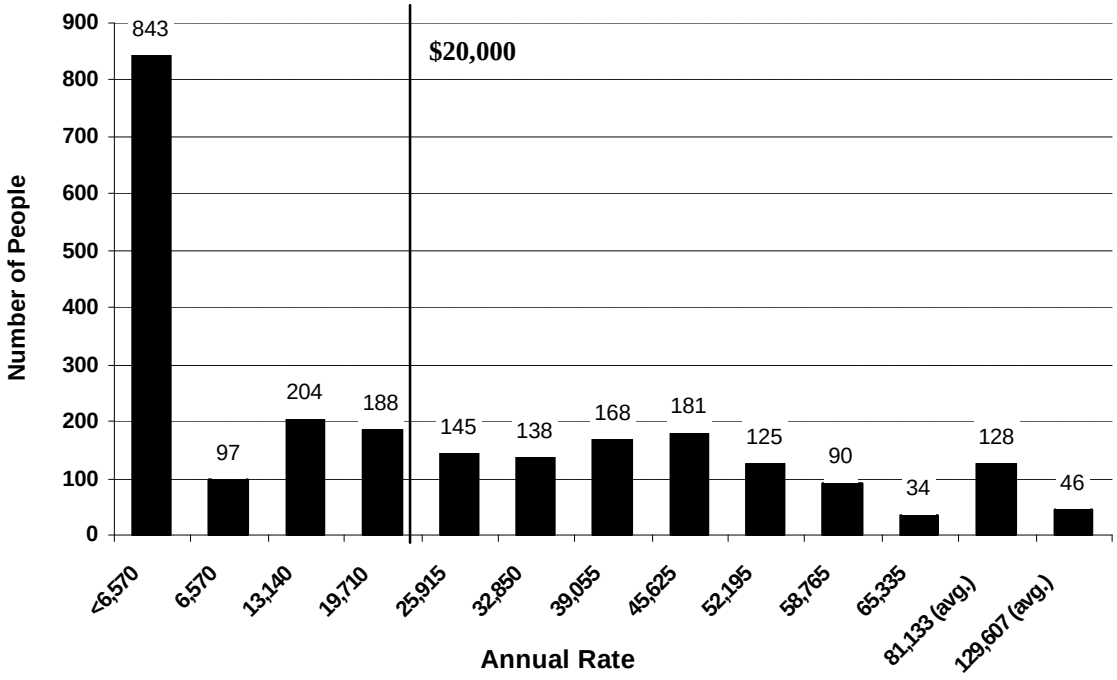
- **Administrative expenses include those that are required to run the total agency. Management expenses relating to major program areas (i.e., developmental services) are considered program expenses, not administration.**

- **The administrative rate has continued to decline due to expansion of direct services.**

[17] FY '96 and FY '97 do not include administrative costs for RCL.

PER PERSON SERVICE COSTS OF INDIVIDUALS SERVED

FY 1999



- **More than one-half of all individuals served (55.8%) are funded for less than $20,000/person/year.**

- **Of those individuals with funding levels less than $20,000/person/year, 71% are funded at less than $7,000/person/year.**

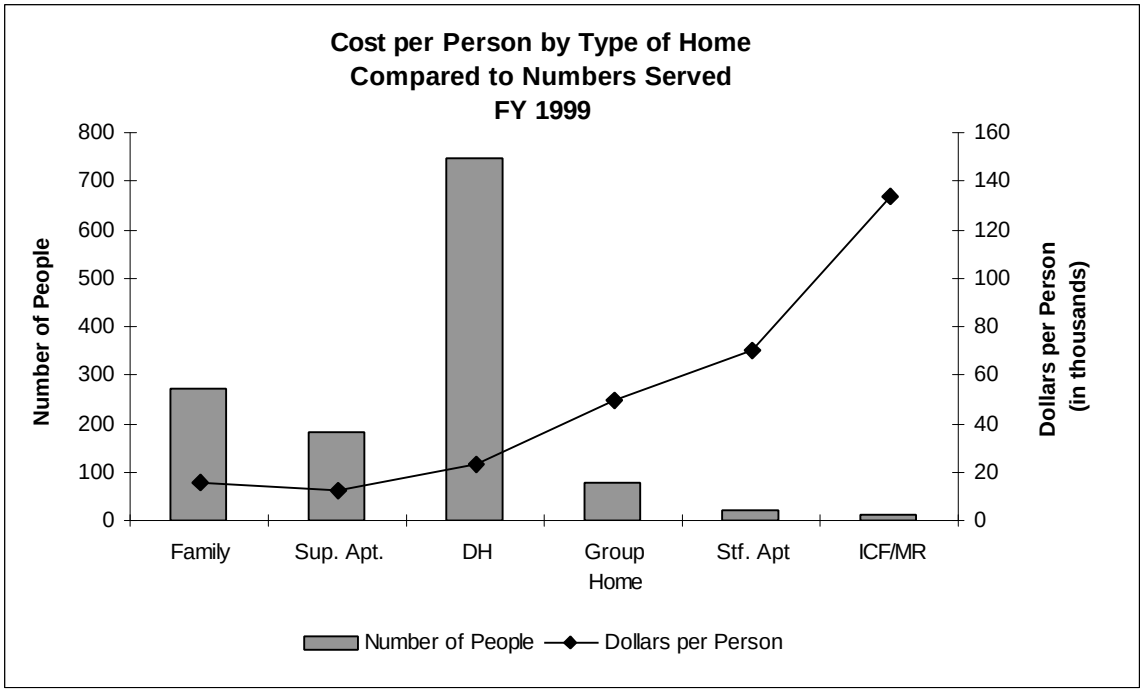
- **Adjusted for inflation, the average per person cost of supports in the most intensive community service categories[18] is still approximately 60% less than what the estimated annual per person cost would have been at the Brandon Training School in 1999.**

- **Supporting people living with their own families continues to be the most cost effective method of support.**

[18] The highest rate category includes 12 people with intensive medical needs in Intermediate Care Facilities for People with Mental Retardation (ICF/MR).

EMPHASIZING COST EFFECTIVE MODELS

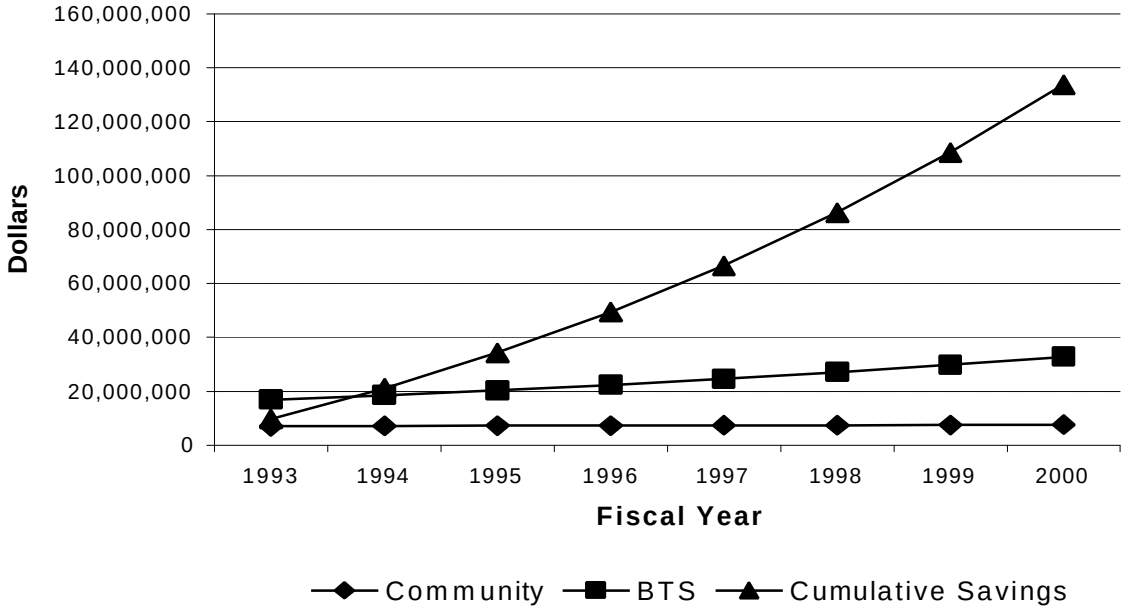
In Vermont, on average, individualized supports cost less than group settings.



UNIFIED SERVICE SYSTEM

ESTIMATED CUMULATIVE SAVINGS FROM BTS CLOSURE

FY 1993 – FY 2000



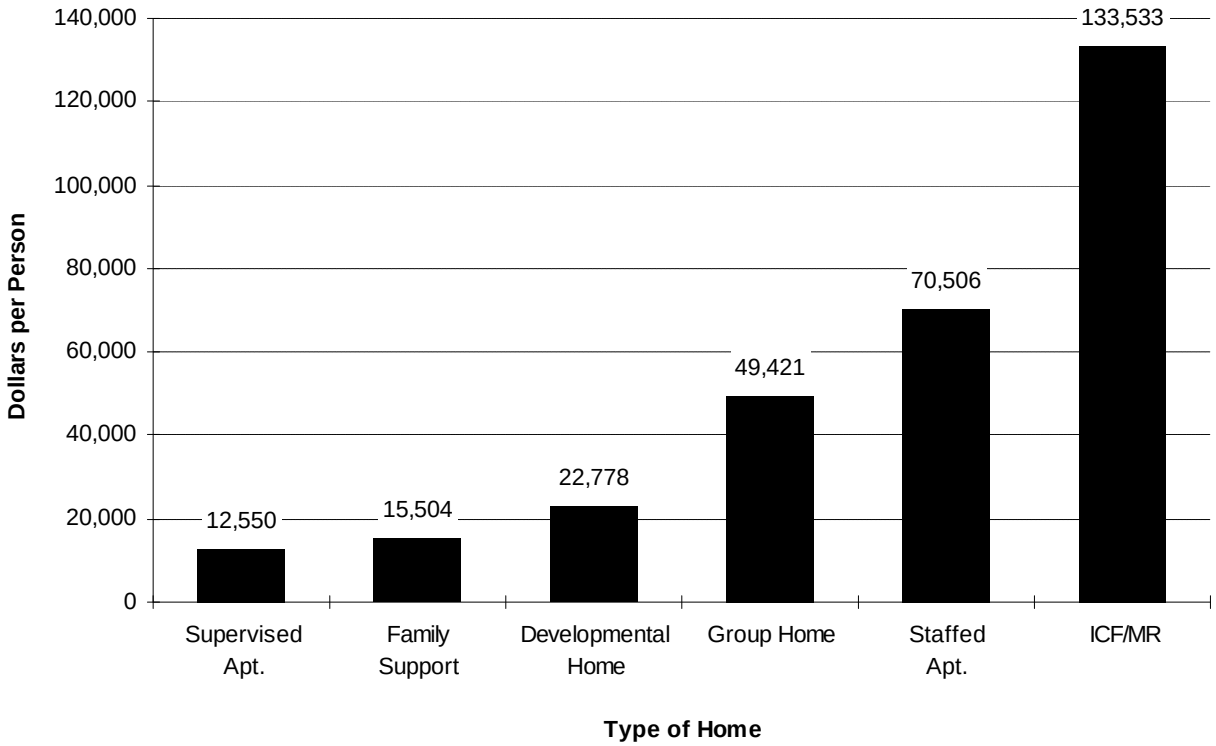
- **There is no state institution for people with developmental disabilities in Vermont, and there has not been any since Brandon Training School (BTS) closed in 1993.**

- **The amount of cumulative estimated savings since 1993 due to the absence of an institution is $133.8 million ($50.6 million in state funds).**

- **Estimates are based on 100 people remaining at BTS versus receiving community services.**

- **Cost comparisons were derived using the actual average annual cost of community placement for BTS residents and actual BTS annual cost. Community costs were adjusted to include room and board.**

AVERAGE COST PER PERSON BY TYPE OF HOME WAIVER AND ICF/MR JUNE 30, 1999

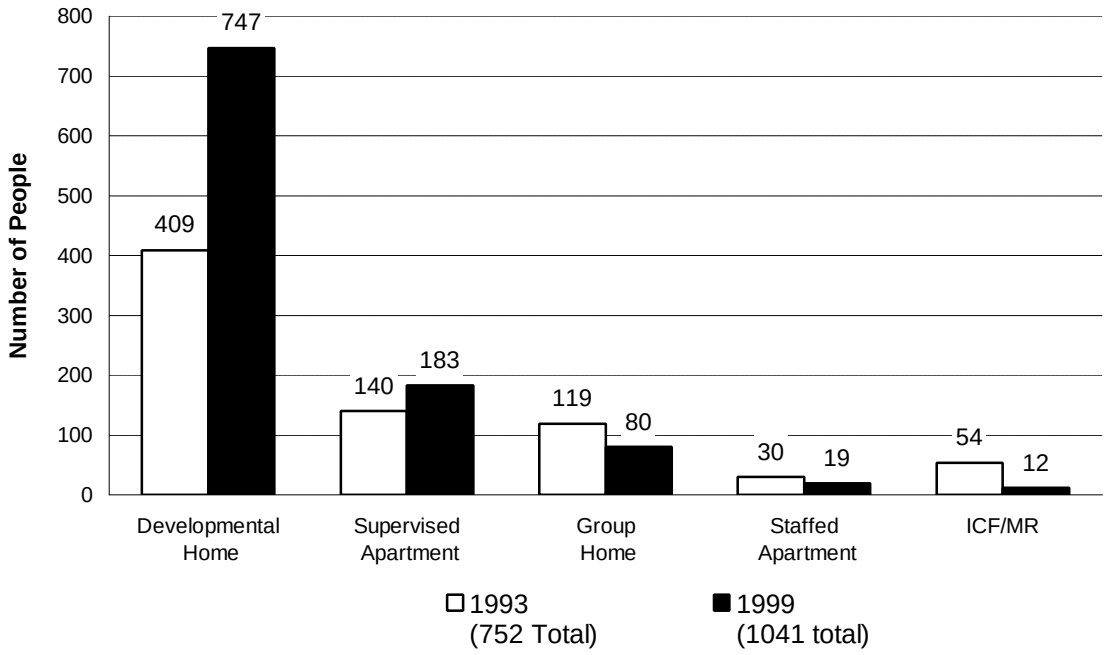


- **Costs increase with the use of congregate, staff intensive settings. Family supports, developmental homes and supervised apartments cost less than group homes, staffed apartments and ICF/MRs.**

- **While ICF/MRs are the most intensively staffed homes and therefore the most expensive[19], there are only 12 people living in this type of setting.**

[19] ICF/MR costs include all appropriate supports (day services, OT/PT, nursing, room and board, etc.). The other residential services do not include these costs.

RESIDENTIAL POPULATION CHANGE
6-YEAR COMPARISON
YEAR-END: FY 1993 & FY 1999



- **The reliance on more costly and congregate residential settings, such as ICF/MRs, group homes, and staffed apartments has been decreasing for more than 6 years.**

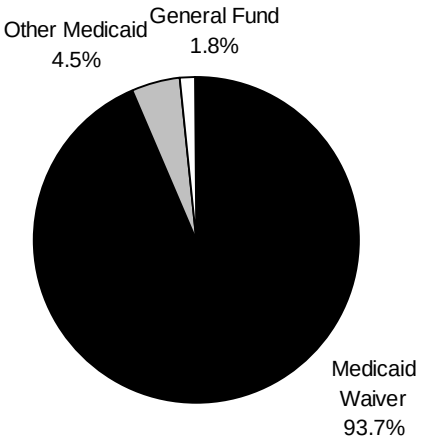
- **The use of developmental homes has almost doubled in the past six years and accounts for 72% of the residential placements in FY 1999. On the other hand, the percentage of people living in group homes and staffed apartments has been reduced in half over the past six years.**

PERCENTAGE OF FUNDING AND PEOPLE[20]

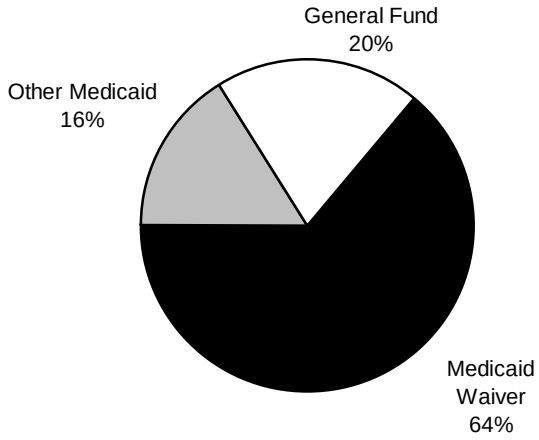
BY DS FUNDING TYPE[21]

FY 1999

Percent of Funding by Funding Type



Percent of People by Funding Type



Medicaid Waiver Other Medicaid General Fund (GF)

- **Flexible Family Funding (the lion's share of GF funding) continues to be a very cost-effective, responsive, family-directed support. It accounts for the significant difference between the number of people served through general fund versus the percent of GF funding to the total.**

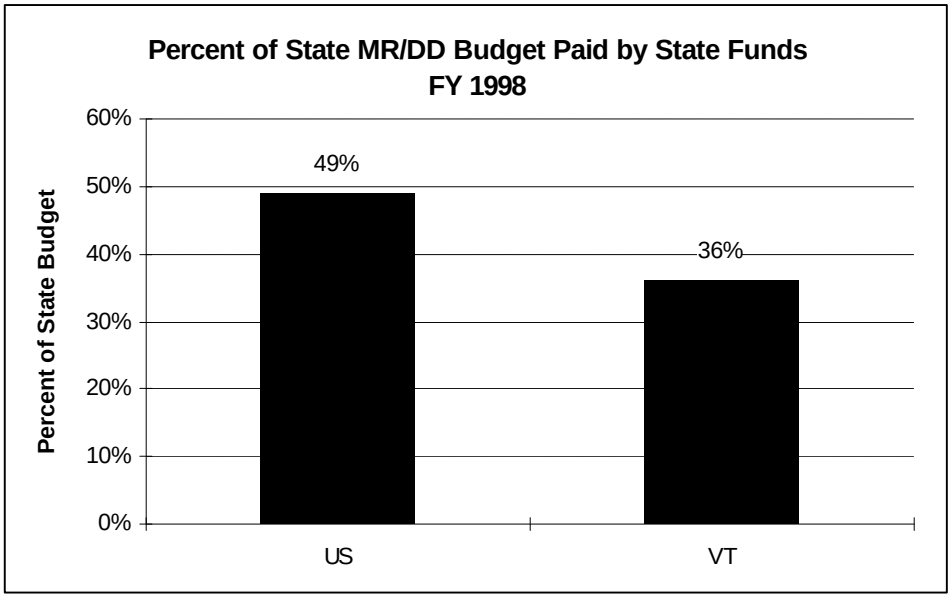
- **Ninety-eight percent (98.2%) of developmental service funding is from Medicaid, making Vermont among the top users of federal funds nationally.**

[20] The "Percent of People" are based on unduplicated count across funding types. Any duplication in people receiving both GF and waiver funding are included in the waiver count only.
[21] Other Medicaid = Targeted Case Management, Rehabilitation, Transportation, Clinic & ICF/MR. General Fund (GF) = Flexible Family Funding & Supervised Care

COMPARISON WITH OTHER STATES

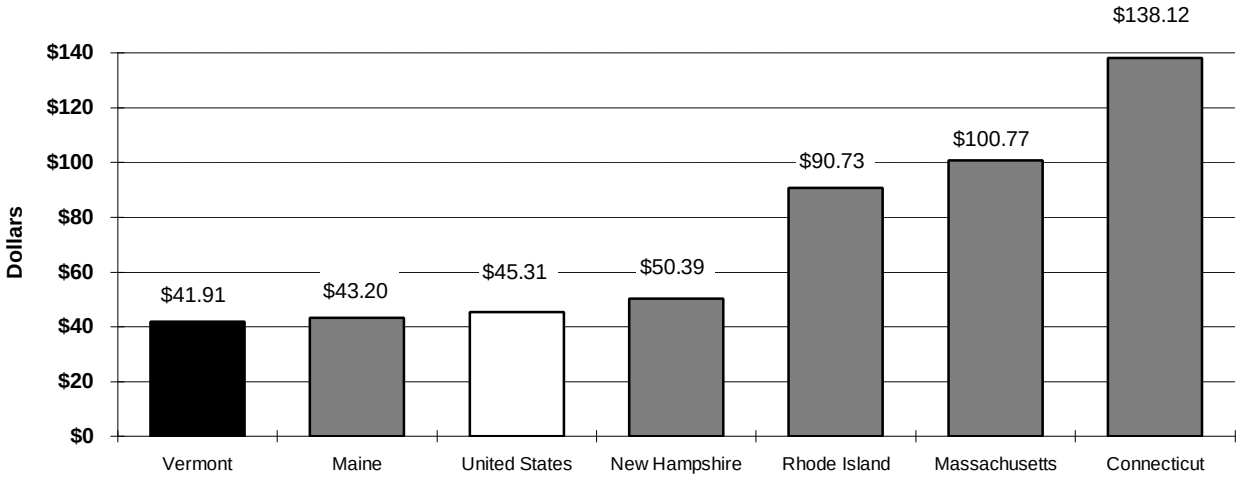
Vermont spends fewer state dollars (including Medicaid match) for Mental Retardation/ Developmental Disability (MR/DD) services than any other New England state and less than the national average.

Yet, Vermont serves more people in MR/DD residential services per capita (100,000 population) than the national average.



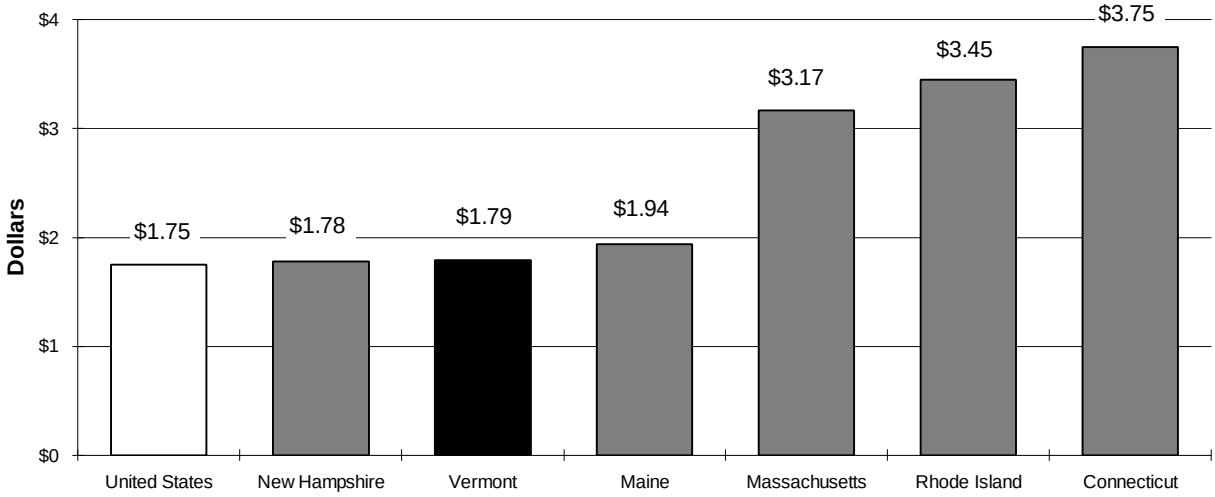
Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

MR/DD STATE SPENDING PER CAPITA
FY 1998



- **Vermont spends less in state funds per capita than any New England state and less than the national average.**

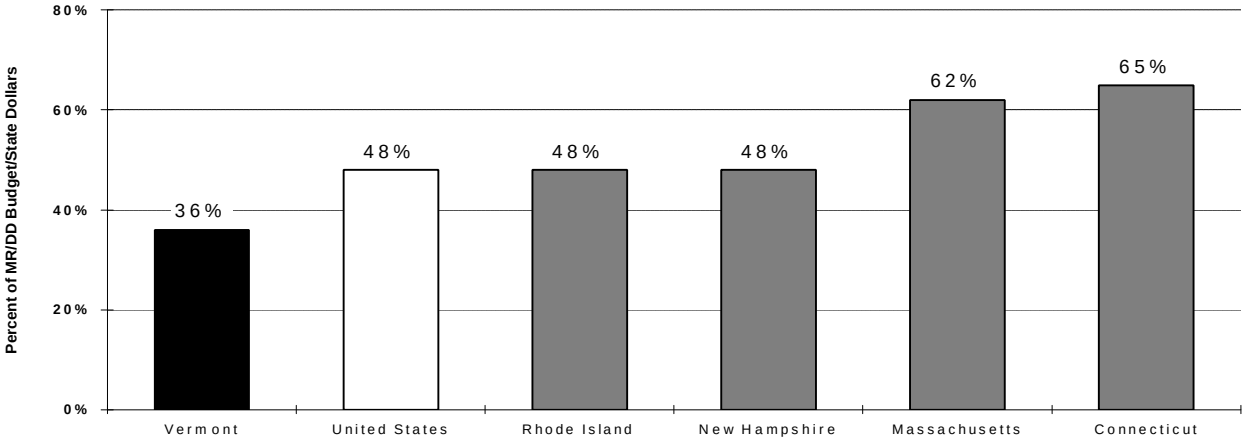
STATE FISCAL EFFORT
TOTAL MR/DD SPENDING PER $1,000 IN PERSONAL INCOME
FY 1998



- **Fiscal effort in Vermont, as measured by total state spending for MR/DD services per $1,000 in personal income, indicates that Vermont ranks second to New Hampshire as the lowest of all New England states and is comparable to the national average[22].**

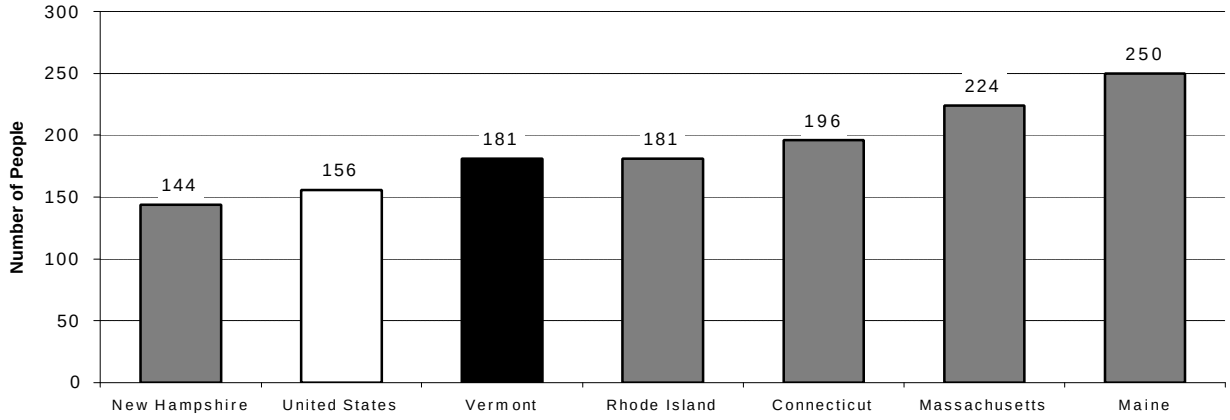
[22] Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

PERCENT OF STATE MR/DD BUDGET PAID BY STATE FUNDS FY 1998



- **State funds (including Medicaid match) account for a smaller proportion of the budget for MR/DD services in Vermont than in any other New England state. Vermont accesses a higher proportion of federal dollars than any other New England state.**

NUMBER OF PEOPLE IN MR/DD RESIDENTIAL SERVICES PER 100,000 POPULATION FY 1998

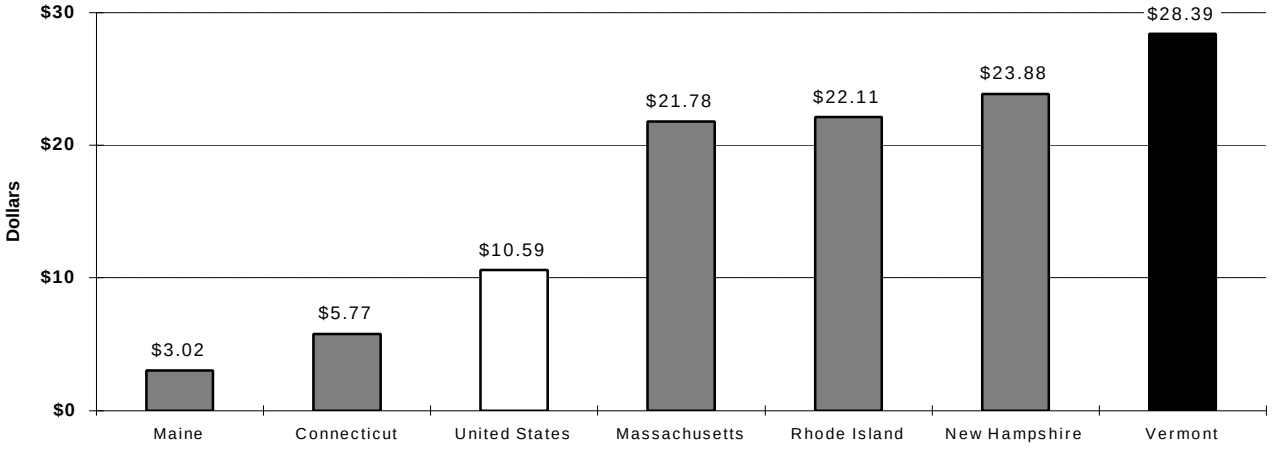


- **The number of individuals receiving residential services in the MR/DD service system in Vermont, per 100,000 of the state population, is slightly above the national average. However, Vermont is equal to or less than four other New England states[23].**

- **Cost Effectiveness: Vermont's residential services are provided at comparatively less cost due to an institution-free service system.**

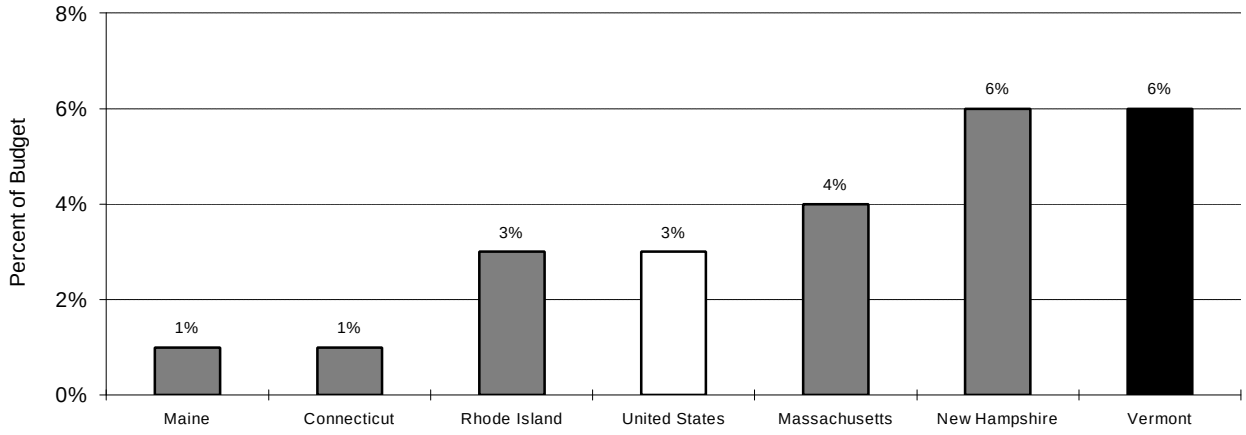
[23] Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.

FAMILY SUPPORT FISCAL EFFORT: TOTAL SPENDING PER $100,000 PERSONAL INCOME FY 1998



- **Vermont is ranked fifth in the nation, down from first, in total family support spending per $100,000 personal income.**
- **Although Vermont's national rating declined between 1996 and 1998, actual spending on behalf of families increased by 31%.**
- **Higher support of families results in lower costs overall.**

FAMILY SUPPORT SPENDING AS PERCENT OF TOTAL MR/DD BUDGET FY 1998



- **Vermont's family supports are ranked ninth in the nation in spending of total MR/DD budget and tied with New Hampshire as 1st in New England[24].**

[24] Source: The State of the States in Developmental Disabilities, Department of Disability and Human Development, UIC, 2000.